

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. 1450
Alexandria, VA 22313-1450

Application No.	10/814,312
Filing Date	March 30, 2004
First Named Inventor	Bradley C. Aldrich
Art Unit	2183
Examiner Name	John M. Lindlof
Attorney Docket Number	42P18895
Confirmation Number	5152

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

- Submission required under 37 CFR 1.114.** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
 - ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office Action may be considered as a submission even if this box is not checked.
 - ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - ☒ Other Please enter the Response filed 11.23.10 _____
 - ☐ Enclosed
 - ☐ Amendment/Reply
 - ☐ Affidavit(s)/Declaration(s)
 - ☐ Information Disclosure Statement (IDS)
 - ☐ Other _____
- Miscellaneous**
 - ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
 - ☐ Other _____
- Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
 - ☒ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. 02-2666.
 - ☒ RCE fee required under 37 CFR 1.17(e)
 - ☐ Extension of time fee (37 CFR 1.136 and 1.17)
 - ☐ Other: (\$00) _____
 - ☐ Check in the amount of \$ _____ enclosed

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48011
Signature		Date	11/29/10

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being submitted electronically via EFS Web on the date shown below.

Name (Print/Type)	April Worley	Date	11/29/10
Signature			